



YOUTH SERVICES PROGRAM MEDICAL FORM

31 Arbor Way, Ellington, CT 06029 860/ 870-3130



Program Name: **Rive Above Events 2019/2020**

LAST NAME: _____ FIRST NAME: _____
SEX: M F AGE: _____ DATE OF BIRTH: _____
ADDRESS: _____ PHONE: _____ CELL # _____
GRADE _____ SCHOOL _____

Below is used for Youth Services statistic use only. All information is confidential

RACE/ETHNICITY: Caucasian _____ African American _____ Hispanic/Latino _____ Asian _____
Native American _____ Multicultural _____ Other _____

FAMILY: Birth parents/adoptive parents _____ Step & birth parent _____
Single parent (female) _____ Single parent (male) _____ Grandparents _____ Relative/Guardian _____
DCF Guardianship _____ Foster parent(s) _____ On own _____ Joint Custody _____ Other _____

Medical Information:

PHYSICIAN: _____ PHONE: _____
DENTIST: _____ PHONE: _____
HEALTH INSURANCE NAME: _____
HOSPITAL PREFERENCE: _____
ASTHMA _____ GLASSES _____ CONTACTS _____ BRACES _____
MEDICATIONS TAKEN REGULARLY: _____

***Is there anything that could affect your child's experience in the program that we should be aware of, i.e. medical concerns, allergies, physical or social limitations, etc.? Yes _____ No _____**
If yes, please describe _____

Emergency Contacts including parents:

NAME: _____	CELL: _____	HOME: _____	RELATIONSHIP: _____
NAME: _____	CELL: _____	HOME: _____	RELATIONSHIP: _____
NAME: _____	CELL: _____	HOME: _____	RELATIONSHIP: _____

Medical Authorization - (Optional)

In all cases requiring emergency treatment, I hereby give my permission to the Ellington Youth Services staff and the Town of Ellington or his/her designee to select a physician for the registered child, if I cannot be reached. I further authorize the physician to proceed with an examination, investigation and hospitalization, necessary treatment of any injury and/or illness and operation if needed. I also understand that the Town of Ellington does not provide accident or health insurance.

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____

ALL OF THE ABOVE INFORMATION WAS PROVIDED OR APPROVED BY ME AND IS DEEMED TO BE TRUE AND ACCURATE. I HEREBY GIVE MY PERMISSION FOR THE REGISTERED CHILD TO PARTICIPATE IN THE ABOVE INDICATED PROGRAM THROUGH THE TOWN OF ELLINGTON YOUTH SERVICES.

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____

Photos/Videos may be taken at this event that could appear on the Youth Services website or Facebook page or Rise Above Facebook page with no names listed. I give permission for my child to be photographed. I understand no names will be published.

PARENT/GUARDIAN

SIGNATURE _____ **DATE:** _____